

# SAN FRANCISCO TRAUMA RECOVERY CENTER

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## REPORT TO THE LEGISLATURE

MAY 2004

*Prepared for the Legislature by the:*

CALIFORNIA  
VICTIM COMPENSATION  
AND  
GOVERNMENT CLAIMS BOARD

*A Report on the Partnership between*

**THE VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD  
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO**

*and*

**SAN FRANCISCO GENERAL HOSPITAL**

*Prepared for the Legislature by:*

**The California Victim Compensation and Government Claims Board**

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## **VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD**

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California Victim Compensation and Government Claims Board

### **TRAUMA RECOVERY CENTER UNIVERSITY OF CALIFORNIA, SAN FRANCISCO**

- **Robert L. Okin, MD, Chief, Department of Psychiatry, SFGH and  
Vice Chair, Department of Psychiatry, UCSF School of Medicine**
- **Alicia Boccellari, Ph.D., Director, Division of Psychosocial  
Medicine, UCSF/SFGH Department of Psychiatry**

## **PREFACE**

### **INTRODUCTION**

The Victim Compensation and Government Claims Board (Board) was directed by Government Code Section 13974.5 - 13974.7 to enter into an Interagency Agreement (Agreement) with the Regents of the University of California, San Francisco to establish a victim of crime recovery center pilot project (project) at San Francisco General Hospital / University of California, San Francisco.

The project was created to demonstrate the effectiveness of providing comprehensive and integrated services to victims of crime and to remove barriers to care for a population who is historically underserved by traditional mental health programs.

In May 2001 the Board entered into this Agreement with University of California, San Francisco (UCSF) and San Francisco General Hospital (SFGH). The project was established as the Trauma Recovery Center (TRC) unit at SFGH.

The Board is directed in Government Code Section 13974.5 - 13974.7 to submit this report to the Legislature regarding the effectiveness of the TRC no later than May 1, 2004. This report contains an explanation of how the TRC was implemented, a description of services provided by the TRC, major findings of the project, and recommendations for continued funding.

### **ABOUT THE VICTIM COMPENSATION PROGRAM**

The Legislature finds that it is in the public interest to assist residents of the State of California in obtaining compensation for the pecuniary losses they suffer as a direct result of criminal acts, per Government Code section 13950 (a),

The Victim Compensation Program (VCP) was created in 1965, the first program of its kind in the United States. The VCP provides compensation to victims who suffer physical injury or the threat of physical injury as a direct result of a crime. Additionally, survivors of victims who died as a result of a crime, persons who were legally dependent upon an injured or deceased victim for financial support, and certain members of an eligible victim's family or other individuals who live with the victim may qualify for compensation.

The Program is funded by the State Restitution Fund and a federal Victim of Crime Administration (VOCA) grant. The Fund receives monies collected through fines and penalties imposed by judges upon persons convicted of crimes and traffic offenses in California. Victims of crime receive payments for unreimbursed losses that are necessary due to a crime (Government Code sections 13950 - 13969.7). Currently, the maximum amount that a victim may receive for all qualifying expenses is \$70,000.

## ABOUT THE TRAUMA RECOVERY CENTER

The TRC is serving as a 4-year pilot project to develop and test a comprehensive model of care as an alternative to fee-for-service care reimbursed by Victim Restitution funds. Barriers to mental health services exist for poor people, homeless people, and people with complex mental health needs in San Francisco. This project was designed to reduce barriers to service and provide a broad range of services that are cost effective and promote improved functioning.

Complex psychosocial problems often prevent people who are homeless, chronically mentally ill, living in poverty, substance abusers, immigrants, refugees, or non-English speakers from using traditional medical and mental health services. Without timely, effective treatment they risk re-victimization. Untreated psychological trauma also carries economic and social consequences, including overuse of costly medical services; loss of income; failure to return to gainful employment; loss of medical insurance; and loss of stable housing. Services can be brought to the client's home or community, depending on the need of the client. Preliminary project data show that victims from vulnerable populations and those with severe symptoms benefit from the coordinated TRC model. The Appendix section further details program and outcome findings.

This new model helps crime victims overcome the challenges of interpersonal violence and return to social and economic productivity by providing a range of mental health services, increasing cooperation with law enforcement, and increasing access to Victim Restitution funds and other resources.

Productive working relationships with numerous agencies and organizations ensure each client's needs are met. Collaborative partners include: the San Francisco Sexual Assault Response Team; the San Francisco District Attorney's Office; the Domestic Violence Consortium; the Interfaith Council; the San Francisco Health Commission; San Francisco Women Against Rape; W.O.M.E.N., Inc. (a local domestic violence group); and the San Francisco Commission on the Status of Women.

The TRC project includes a randomized treatment trial evaluating the clinical and cost effectiveness of the new model and systematic efforts to train other health care providers in the identification and treatment of traumatized individuals. The first three years of implementation demonstrate promising outcomes for the TRC project.

## **SAN FRANCISCO TRAUMA RECOVERY CENTER PROGRAM OVERVIEW**

### **A. PROGRAM DEVELOPMENT**

The Victim Compensation Program is mandated to include the following project components in the development of the project as stated in part by Government Code Section 13974.6

- (1) Establishment of a victim recovery, resource, and treatment center.
- (2) Implementation of a outreach team to provide comprehensive intervention and debriefing for victims of crime.
- (3) Community-based outreach.
- (4) Services to family members and loved ones of homicide victims.

(b) Victim recovery, resource, and treatment programs serve populations of crime victims whose needs are not currently being met, and shall include services to all of the following:

- (1) Individuals who are not aware of the breadth and range of services provided to victims of crime.
- (2) Individuals residing in communities with limited services.
- (3) Individuals who cannot access services due to disability.
- (4) Family members and loved ones of homicide victims.

Under the Agreement, the Board and UCSF developed a scope of work that includes the following elements:

- Staff recruitment
- A clinical intervention program to promote symptom reduction using an integrated model incorporating outreach and advocacy, evidence-based trauma specific treatment, and comprehensive clinical case management services
- An evaluation protocol to assess the effectiveness of the program across a spectrum of domains
- A database to track units of service, staff productivity and effectiveness, and patient flow throughout both the clinical and evaluation components of the study. The system provides detailed accountability for all costs reimbursed by the Board.
- The submission of Victims of Crime applications for all participants to capture or differentiate between services and costs provided and/or reimbursed which do not qualify for reimbursement under existing Victims of Crime programs.
- A final report that addresses the impact of the project, evaluates the process to determine if agreed upon goals were attained, and assesses the project's overall outcome, both intended and unintended.

## PROGRAM DEVELOPMENT – continued

The TRC was designed to achieve 5 major goals:

1. Provide a new comprehensive model of care that includes outreach, case management, and trauma-focused mental health services to victims of crime to promote and sustain recovery.
2. Improve the process of care for victims of crime by enhancing medical services for acute victims of sexual assault, linking victims to other services to facilitate recovery, improving access to victim compensation funds.
3. Improve outcomes for victims of crime by increasing cooperation with law enforcement, improving workforce participation, and reducing homelessness.
4. Objectively evaluate performance of the TRC model by conducting a randomized controlled trial evaluating the impact of the TRC model in comparison to usual care, examining the cost-effectiveness of TRC services in comparison to the usual system of care, ongoing performance evaluation to maintain and improve service quality, and systematically evaluating patient satisfaction with TRC services.
5. Transform trauma services in the public sector by aiding California's response to terrorism, providing training on prevention, identification, and treatment of interpersonal violence, building productive collaborative relationships with other programs and agencies, and increasing scientific evidence on the course and treatment of trauma in public sector settings.

The Board is tracking data sent in monthly by the TRC. This information is used as a basis of comparison for TRC clients and regular care clients in the project. Cost effectiveness of TRC services and increased access to Victim Compensation Program funding are the primary areas of interest, however, the Board also tracks participant lists, billing codes, crime codes, dates of service, and hearing dates. Program staff also completed a review of data with the TRC staff on site in San Francisco in October 2003.

## B. THREE INTEGRATED MODES OF SERVICES

The TRC model emphasizes three integrated modes of service: assertive outreach, clinical case management, and evidence-based, trauma-focused, mental health services. These three integrated modes of service constitute a holistic approach to mental health treatment.

**Assertive outreach** puts the TRC staff right in the hospital emergency department, talking with victims of gunshots, stabbings, beatings, and sexual assault. The TRC staff find out what victims need and help them get it, whether it is overnight shelter, a victim compensation application, or crisis intervention services.

**Clinical case management** allows the TRC staff to follow up with victims, helping them get their needs met that, if left unmet, might impact their recovery. Follow up may include helping the victim secure Section 8 housing, accompaniment to court or medication appointments, or help with filling out an application for ancillary community services.



## B. THREE INTEGRATED MODES OF SERVICES – continued

**Evidence-based, trauma-focused mental health services** focuses on the emotional and trauma-specific needs of the individual patient. One patient might thrive in individual therapy delivered at the TRC office; another might need supportive home visits. The primary treatment goal is functional recovery, including return to work or school and managing activities of daily living.

## C. SIGNIFICANT FINDINGS

The TRC is conducting a study to evaluate its results. In a randomized treatment trial, two thirds of the participants in the project receive the TRC model of a broad range of coordinated services. The other one third of the participants receive “usual care”, which consists of emergency department treatment and referral to resources such as the San Francisco Victim Witness Assistance Center. The project enrolled 624 participants in the TRC group. Details are shown in various charts submitted by TRC and presented to the Board (see Appendix). Complete findings have yet to be analyzed, but so far they include:

- **Improved cooperation with law enforcement:** 48 percent more victims in the TRC group cooperated with the District Attorney’s Office and 29 percent more cooperated with police than victims in the usual care group. (See chart on page 3, Appendix 2)
- **Improved quality of care for sexual assault victims:**
  - 96 percent of sexual assault victims have opted to allow medical collection of evidence and 71 percent reported the assaults to the police. Prior to the project, 58 per cent of sexual assault victims left the emergency department without being examined, and only 42 percent agreed to file a police report.
  - 71 percent of sexual assault victims seen at the TRC access follow-up mental health services. Prior to the project, only 6 percent of sexual assault victims seen in the emergency department received follow-up services.
  - 90 percent of sexual assault victims seen at the TRC are offered HIV counseling, testing and post-exposure prophylaxis (PEP) treatment. Nationally only 27 percent of rape treatment centers offer HIV testing and counseling. Only 20 percent of 56 California counties surveyed offered PEP treatment to sexual assault victims.
- **Reduced homelessness:** After receiving services from the TRC, the TRC clients had 67 percent less homelessness than the usual care group at 12 months post-trauma.
- **Increased return to work rates:** The TRC group demonstrates a 50 percent improvement in workforce participation when compared to the usual care group at 12 post-trauma.

### C. SIGNIFICANT FINDINGS – continued

- **Reduction in alcohol and drug use:** Of those with significant substance problems in the TRC group, 56 percent decreased or stopped drinking, 54 percent decreased or stopped using drugs, and 89 percent reported an improvement in dealing with their substance abuse problems.
- **Increased use of mental health services:** 77 percent of patients in the TRC group took advantage of mental health services compared to 36 percent in the usual care group.
  - Clinicians reported that 82 percent of patients in the TRC groups showed improved physical health functioning, 78 percent showed improved mental health functioning, and 69 percent showed improved role functioning, such as working or parenting.
- **Reduced cost compared to traditional approach:** The unit cost for each hour of service is \$76.68 at the TRC with a cost of \$2,015 per patient. For a comparable group of patients seen at traditional fee-for-service mental health treatment programs, costs stood at \$79.85 per hour and \$2,079 per patient.

Preliminary data seem to confirm that the TRC model provides a wider, more effective, range of services at a lower cost than the traditional fee-for-service mental health treatment programs. Program outcomes are referenced in the charts in Appendix two.

### E. PARTNERING WITH LAW ENFORCEMENT

The TRC has joined with two agencies to enhance the tracking of crime related information. At the local level, the TRC is working with the San Francisco Police Department (SFPD) in their efforts to track drug-facilitated sexual assaults. At the State level, the TRC is working with the Department of Justice as a partner in a pilot in rapid DNA testing.

- **Drug-facilitated sexual assault:** Working closely with the San Francisco Police Department (SFPD), the TRC is participating in tracking drug-facilitated sexual assaults. This type of assault is a growing trend in San Francisco and across the nation. Drugs like Rohypnol and GHB, known collectively as “club drugs”, are given to the sexual assault victim, usually without consent or knowledge. The victim is rendered physically incapacitated and unable to give consent to sexual activity.

The TRC has developed a database to systematically track all suspected drug-facilitated assaults treated at SFGH and at the TRC. The TRC collects urine specimens for the presence of club-drugs and will be sharing the information from this database to assist the SFPD and the Medical Examiner’s Office in the tracking of this important trend.

## E. PARTNERING WITH LAW ENFORCEMENT - continued

The TRC is also working with other community-based agencies to launch a major publicity and media campaign to educate the public about the prevention of drug-facilitated sexual assaults. The campaign includes producing and distributing cocktail napkins to bars and nightclubs with the slogan "Who is watching your drink?" along with how to obtain more information on drug-facilitated sexual assault.

- **Rapid DNA testing:** The TRC has been invited by the State of California Department of Justice DNA Crime Lab to be a partner in a pilot project in rapid DNA testing, which is sponsored by the Federal Department of Justice. Per the TRC status report, the objective of this pilot project is to reduce the amount of time required for sexual assault DNA analysis. Currently, if there is a suspected perpetrator, DNA analysis of evidence takes three weeks to be completed. The rapid DNA testing pilot will use samples that are already routinely gathered during a forensic medical exam and reduce the time for analysis to three days. The goal in shortening the time from three weeks to three days is to allow police to quickly investigate suspects and crime scenes and allow the District Attorney's office to bring charges.

## F. PATIENT SATISFACTION

R., a 50 year old business owner, was referred to the TRC after being shot by a close family friend who had become emotionally disturbed as a result of a serious medical illness. After multiple reconstructive surgeries and lengthy hospitalizations, R. was too traumatized by the shooting and too embarrassed by his disfiguring injuries to leave his home. His TRC clinician met with R., and his wife and children, in their home to help them cope with the emotional consequences of this traumatic event. The clinician also helped them with the economic practicalities of selling their business, because R. was not able to work. R. has now improved sufficiently to be able to leave his house, be more involved with his friends and extended family, and come to the TRC on his own to complete his treatment.

The TRC conducted a patient satisfaction survey. Patients were asked the open ended question, "What did you most like about TRC?" Typical responses included:

"I really liked the home visits. When I did not feel safe to leave, the services came to my doorstep. I don't know what I would have done without your program."

"I liked that I could see a counselor who specialized in grief counseling and issues related to violent death. I was not able to find that elsewhere and it makes a huge difference."

## F. PATIENT SATISFACTION – continued

“The way I was treated with respect and the way I have seen my life improve because of my treatment.”

93 percent of patients in the TRC group reported that treatment helped them feel better emotionally. 80 percent said treatment helped them cope better with their medical problems. 90 percent reported improvement in their day-to-day functioning. 90 percent reported improved relationships. 89 percent said they dealt better with their substance abuse issues.

## CONCLUSION

Initial findings indicate the TRC model provides a wider, more effective, range of services at a **lower cost** for trauma victims than the traditional fee-for-service mental health treatment programs. The TRC services target a critical and unique aspect of the victim population in the San Francisco area. The data demonstrates that this cost-effective model of care is effective in engaging victims of crime with needed services, improving cooperation with law enforcement, reducing homelessness, facilitating return to work, reducing alcohol and drug abuse and improving quality of life among victims of interpersonal violence. The TRC is also participating in some innovative partnerships with law enforcement, paving the way for more efficient crime investigations. The VCP/TRC randomized trial will be **the largest longitudinal study of trauma treatment** ever conducted in a public sector setting, giving the State of California a unique opportunity to influence the trauma field.

A final evaluation of the pilot project will be requested from the TRC by December 31, 2004. If findings continue to be promising, legislation may be initiated in 2005 to continue funding for the TRC. Additionally, the Board will work to shift the TRC budget item out of its Administrative Operations Budget into a more appropriate category.

## AWARDS

The TRC will receive the 2004 Safety Net National Award for Patient Services from the National Association of Public Hospitals (NAPH). It is the only program in the country to be receiving this award. The TRC will be recognized at an awards ceremony at NAPH's annual conference in June.

Additionally, the TRC has received the “Honoring Those Who Care” award from the San Francisco Victim Service Office through the San Francisco District Attorney’s Office.



## **APPENDIX ONE**

University of California, San Francisco  
San Francisco General Hospital  
Status Report  
July 30 2001 – April 1 2004

## **APPENDIX TWO**

### **San Francisco Trauma Recovery Center**

Presentation to

State of California Victim Compensation and  
Government Claims Board Meeting

April 23, 2004

*Transforming Trauma Services in the Public Sector*

Charts from the  
Trauma Recovery Center  
Report

Presentation  
to the  
State of California Victim Compensation and  
Government Claims Board Meeting  
April 23, 2004

*Transforming Trauma Services in the Public Sector*